

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH			
County of <u>Gila,</u>		BUREAU OF VITAL STATISTICS		State Index No. <u>180</u>	
District of <u>Globe,</u>		ORIGINAL CERTIFICATE OF BIRTH		Co. Register No. <u>63</u>	
Town of _____		Local Registrar's No. _____			
or City of <u>Globe.</u>		(No. <u>seven months</u> St; _____ Ward)			
FULL NAME OF CHILD <u>Premature, lived 2 hrs</u>					Born } YES Alive } <input checked="" type="checkbox"/>
If child is not named, make Supplemental Report on blank obtainable from local registrar.					
Sex of Child	<u>Male.</u>	Twin, Triplet or other		and	Number in order of birth
					Legitimate? <u>Yes</u>
					Date of Birth <u>1</u> <u>19</u> <u>1920</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>Wallace Jones,</u>			Full Maiden Name <u>Hazel Kahrmann.</u>		
Residence <u>Safford,</u>			Residence <u>Globe.</u>		
Color or Race	<u>White</u>	Age at last Birthday	<u>34</u>	Color or Race	<u>White</u>
		(Years)			Age at last Birthday <u>19</u> (Years)
Birthplace <u>Utah.</u>			Birthplace <u>Conn.</u>		
Occupation _____			Occupation <u>Housewife.</u>		
Number of child of this mother... <u>2</u>		Number of children, of this mother, now living... <u>1</u>		Were precautions taken against Ophthalmia neonatorum? <u>Yes</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
I hereby certify that I attended the birth of above child; and that it occurred on <u>1/19,</u> 19 <u>20</u> at <u>11:45</u> M. P.					
<div style="display: flex; justify-content: space-between;"> <div> <p>*When there is no attending physician or midwife, then the householder should make this return.</p> <p>Given or christian name added from a supplemental report <u>191</u></p> <p><u>012-119-825</u> COUNTY REGISTRAR.</p> </div> <div> <p>(Signature) <u>G. E. Wylburn</u> (Attending physician, midwife, householder.)*</p> <p>Address <u>Globe, Arizona.</u></p> <p>Filed <u>Jan 23 1920</u> LOCAL REGISTRAR.</p> <p>A True Copy <u>B. G. J. of</u> COUNTY REGISTRAR.</p> </div> </div>					